Lesson 83 - Senior Citizens Living Hygienically

- 1. Introduction
- 2. Older People Need Support
- 3. The Path We Travel
- 4. A Contrasting View
- 5. The American Express
- 6. The Hygienic Approach—Case Studies
- Article #1: Inward Time By Alexis Carrel, M.D.
- Article #2: Overnutrition—All About Protein By The Doctors McCarter
- Article #3: Health
- Article #4: Why Exercise?

1. Introduction

Most people who write about the elderly, their problems and concerns, have never themselves been elderly. Nevertheless, they write profusely and give advice about what is, to them, an unknown dimension of life.

That certainly cannot be said about your authors! We have travelled life's road and experienced its turmoil and travail. We have known sickness and disease, suffered bereavement and sorrow, sustained life's defeats and also tasted the sweetness of success.

We have worked in the slums of large cities and counseled the children of migrant workers. We have travelled the highways of much of the world, and have conversed and supped with both the great and the small. Throughout it all, life has been exciting and wondrously good to us. We count ourselves fortunate among humans because, when we had need, we learned about Natural Hygiene.

Life has taught us that living is itself a challenge. It represents, at birth, an unknown potential with goals to be won, an opportunity 10 change small dreams into large realities. In the end, life represents a parade of failures and successes. We are favored, indeed, when the successes of life outweight our defeats.

We ask you to remember that every senior citizen who seeks your advice will represent a person who has succeeded. Dr. Robert H. Schuller says that "Tough times don't last, but tough people do!" These are the tough ones! They have met life head on, they have successfully met the challenges and problems of life which felled many, if not most, of their peers. These older clients have survived while literally millions around them disappeared. They obviously entered life with a strong inheritance and, unlike their felled peers, they took better care of themselves as they lived their years.

Each older person will represent a challenge to you, a personal challenge to become his friend, perhaps the only person he can truly call a friend. Melville H. Nahin in an article, "The Problem Solver" in *New Age* magazine, March 1983, compares life to a train ride. As we grow older and come to the end of our ride, the friends of yesteryear, the weaker ones who boarded the train with us at the same station, seem suddenly to have all disappeared. They got off the train here and there as the ride progressed. Suddenly, the older person looks around and sees that all the seats are empty: his friends are no more! Then it is that older people become consciously aware that they are devastatingly *alone*. The knowledgeable practitioner, the one with a social empathy, can often have the privilege of stepping in and filling this often unplanned-for void.

2. Older People Need Support

When health is our companion, the latter years of our living can be joyful years, indeed. The major challenges of life have been met. These should be the years of new adventure. However, if we are old and sick and filled with doubts about tomorrow, as so many of our elderly friends are, then we have a tendency to accept defeat before we should, largely because we are without family or friends to provide encouraging loving support.

Every living person has the marvelous gift of vital force, some more, some less. But, whatever the amount, it gives opportunity, an opportunity to create, to accomplish, to give a part of one's self back to the world in exchange for the gift. This is true of the elderly ones as well as of the younger members of society. While life remains, there is also potential. When older people are taught how to live according to Hygienic principles, they often become enthusiastic, moreso than they were for years, and begin to share their rich experiences with us and with others, to the enrichment of all.

As a rule, younger members of society have more vitality than most of the older people. They also have that idyllic vision of the future which inspires them to be problem solvers and doers. However, far too many of our senior citizens have lost their vision of the future. They are defeated at the beginning of each new day instead of being challenged by the rising sun. It is the purpose of this lesson to make the elderly ones who may seek your counsel as a Hygienic practitioner more real to you as individuals who have successfully coped with life's problems; they have overcome the stresses but now find the way weary. They ask of you some measure of support along the way.

With meaningful support, the elderly can often survive crisis periods which might otherwise serve to defeat them. Some four years or so ago, we were consulted about the condition of a 93-year-old gentleman who had recently suffered a mild stroke. He had difficulty in getting around, was somewhat senile, and had just about lost all interest in people, life and living. The prognosis was dim, indeed, considering his great age.

However, this man had a brother, not actually a brother by reason of birth but, nevertheless, a brother in spirit. The brother had been introduced to Natural Hygiene at one of our infrequent lectures. He studied and began to incorporate Hygienic practices into his own daily living. When his brother became ill, he introduced him to Natural Hygiene, too. At first, the way was rather unsteady. Habit patterns are deeply etched on the nerve pathways of the old. But, the brother persisted and it wasn't too long before this 93-year-old was busy every single day. He watered the many trees and shrubs which made his yard a veritable paradise of greenery. He set out seeds and seedlings and watched them grow as he administered his loving care.

We talked with him and he told us how he had been a merchant seaman and about all the many countries of the world he had visited; about how he had jumped ship in San Francisco after the Russian revolution and had become an American navy man. What stories he told! It was exciting to watch his mind open up.

About a year ago, he presented Dr. Elizabeth with a young fan palm tree, just a little over a foot or so tall. He had grown the little tree from a seed. Unaided, the old man lifted the little tree in its container and placed it in the back of our station wagon, receiving a hug and a kiss in return!

Today that little palm tree grows just outside the entrance to our home. Every time we look out the window of our consulting room, we see that little tree. It is now more than four feet tall. Some day it will be a giant among giants. To us, that tree represents a love which will endure for generations to come, not just a tree to view and admire. That tree also represents hope. We point it out to the despairing ones and tell them its story. We often see their spines straighten and their eyes light up. They know that if this 93-year-old can do it, they can, too!

This wonderful friend recently celebrated his 97th birthday. To celebrate he went for a medical examination. The examining physician shook his head in wonder and told our friend, "The only thing we can find wrong with you is a little edema in your ankles. Other than that, you are fine!"

Was the old man content? After all, what's a little edema? We see that sort of thing all around us, don't we? No! He was not content. Our friend, you see, is a very determined man. He announced in a firm voice, "I will now give up bread!" We all sat back in astonishment. His brother had been trying to get him to give up bread from the very beginning, but to no avail. You see, he wasn't ready yet. But now he had made up his own mind: "No more bread!"

There is a lesson for all Hygienists to learn here, perhaps several. Sometimes the greatest gift we can give is the gift of hope and especially when it is given to the elderly ones in love. This is the gift that both directs and inspires. It is easy, of course, to present a plan of action; it takes love to inspire performance. Our 93-year-old friend also gives us another lesson: in working with our older clients, in addition to having the knowledge of what to do and the ability to offer love and support, we are also required to have patience.

Love is conveyed, of course, in many ways: in the way we look, in our manner of speaking, in our attitude toward the client. It shows in the patience we display when our client expresses ideas which may appear somewhat "peculiar" to us but which are, nevertheless, important to the person before us—even if only for a passing moment. Our love shows in the way we greet and say goodbye, and in our acceptance of the fact that most of our elderly clients will require time, time to tell their story as they wish to tell it, and time to adjust rather slowly to a new and strange way of eating and living. Through the love you give to them, the older person comes to know and gratefully accept the fact that you have their best interests at heart. In other words, they have your much-needed support as they try to regain some better measure of health.

In order to prepare you to become more capable of giving this kind of support to your senior citizen clients, we ask you to retravel in your mind's eye the long road of life with us, to take the train ride, as it were, just as the average person living today in America is doing. Much of what we have to say will, of course, pertain to persons living in all countries of the world, but we are all individuals. However, in this discussion we will be looking at gross details for the purpose of following a single common thread, the rising tide of toxicosis, and the wasting effect of the physiological and biological errors on the potential of the newly-born as each person takes the train ride through life.

In presenting this overview of life we wish to emphasize that what we present is life as it is presently lived, not what it should or could be, if Hygienic principles and practices were universally adopted.

When we have completed our imaginary ride through life, we will then present some case studies which will provide our students with some capsule glimpses of Natural Hygiene at work in the lives of some of our senior citizen clients.

3. The Path We Travel

With very few exceptions all of us are born capable of achieving a far greater potential in all areas of life than most persons presently achieve. Certainly most of us desire to be happy in our old age and yet we are surrounded by a host of unhappy people, people who are filled with disease and despair. Most of us have a deep inner yearning to achieve something of real worth before we depart from this life but, obviously, few ever come close to a full realization of their earlier dreams.

We know that most people would prefer to be healthy and yet few among us can be held up as models of superior health—at any age. Indeed, most of us are gravely ill when we are compared to many more ideal specimens available for comparison. It would appear normal for us, as we grow older, to have our lives increasingly enriched by a growing number of friends and by enlarged familial relationship, but the exact opposite seems more often than not to occur as friends diminish in number, felled by accumulated poisons which were the fruits of incorrect habits of living and eating. Additionally, a more mobile population and a less-caring attitude of a commercially-oriented society seems to gnaw away at family togetherness, the members of families refusing to accept responsibility one for the other and particularly between generations of the same family. There are exceptions, of course, and these families are to be commended for fulfilling a kinship trust.

From our position at the far end of the spectrum of life it seems that life tends to follow a pattern; that there appears to be a more or less regular sequence of events which may be characteristic of the times in which we live. Within certain very broad limits we can observe some definite patterns emerging, significant in various areas vital to self, to interpersonal relationships, to health, to family ties and obligations; and, of course, in the wider arena of life that is concerned with community and world spheres of influence.

At no time in life do we or can we live in a vacuum. We leave our imprints on trees and shrubs and on the flowers we touch, but we also leave them on people, either directly or indirectly. Few among us fully understand our purpose for few know just what they want or can expect from and far too many among us search frantically for an unknown that we cannot and will not find. Because of this many among us tend to fret and hence we do not accomplish. We wish for happiness, for monetary substance and even for health at times but we fall far short of the mark in almost every instance.

We are equally sure that most people would not have it thus if they were aware of the possibility of change. We live in a time of conflict and unrest, but that has probably been true in all ages and at all times. There is a "whisper in the minds of men" that all is not well. More than at any other time in history perhaps men and women, and even our young people, are wondering wherein they have been cheated and are beginning to ask important questions. Is this all there is to life? Are we born to enjoy but a few brief years of respite from care and trouble, disease and suffering, experiencing but a tiny moment of a reasonable degree of health?

Must we undergo 30, 40 or more years of declining health wherein we are called upon necessarily to watch our ambitions fade away into a nothingness which yields only a deepening sense of emptiness, frustration and loss of purpose in being? Must we experience a gradual erosion of our vitality, the stealthy degeneration of bodily and mental structure and function, an ever-deepening pathology of diminishing health which reaches out and destroys all vestiges of happiness and self-worth?

Rightfully, the questioning mind asks, must it necessarily then be the ultimate fulfillment of the life's course to descend from the heights of joy and the great vitality of the newly born into the whining depths of the frustrated, unhappy sick souls we observe in the harvest time of life, these being largely at the mercy of and dependent upon the whims of an uncaring society?

There is no doubt that man's most inner urge is, above all things, to be happy, to be wanted, to be recognized as a *person*, and, of course, to be healthy, but when we become elderly, we rarely are privileged to experience such emotional and spiritual nourishment even though it is as essential to life as physical nourishment. Indeed, the full acceptance of nutrients is impossible when we remain emotionally and spiritually vacant.

3.1 The Nine Stages of Life

We first began researching the aging process years ago. Interestingly enough, we began to distinguish nine fairly distinct stages in the average life course. We observed also that these stages had similarities as well as readily distinguishable differences. For example, certain stresses are more or less peculiar to

adolescents, as was seen in Lesson 82, and yet these same stresses are perhaps of little concern in other stages.

There are some diseases which are characteristic of childhood which rarely, if ever, appear in the later years of life. We constantly observe how the errors in lifestyle and in nutrition seem to have a far-reaching and cumulative effect on health as the life course is traversed. Physiological insults of a myriad kind nibble away at health prevent the fulfillment of the birth potential of self. It is interesting to observe that in each of the nine stages, we find many of the same stresses, the same diseases, similar errors, and, of course, similar results. Our nine stages are arbitrary choices, of course, but our students can probably see the logic of the divisions chosen.

1. Period of Childhood
2. The Adolescent Years
3. The Emerging Adult
4. The Parenting Years
5. The Middle Years
6. The Late Middle Years
7. The Beginning of Retirement and Old Age
8. The Post-retirement Years
9. The Years of Custodial Care

Because we feel it is important to the understanding of the elderly, we are presenting a brief synopsis of the transition from Stage One to Stage Nine. We include some general observations to increase understanding, we note the types of diseases common to each stage, the determining factors as to the type(s) experienced and, finally, the most common errors made by individuals as they pass through each one of the nine stages.

It is important to note that young people are biologically very similar. This is true because their bodies have, as yet, not sustained the vast numbers of physiological insults which can be experienced as the pattern of life is revealed. The changes continue slowly and inexorably, under present standards of living and eating, until the life force is exhausted and the physiological point of no return is finally reached. This is why the elderly are so biologically different. Their bodies represent the sum total, the cumulative and final effect of multiple errors.

Each elderly person is different from every other elderly person because he has been imprinted by different stresses and to a greater or lesser degree. Also, because at birth he entered the world with a constitution, a collection of weak and strong organs which were strictly his own, his private legacy from the past. Persons with a strong inheritance survive the stresses of life far better than those less well endowed. Like strong trees that bend with the wind and grow stronger, persons with a strong constitution are able to survive relatively well the vicissitudes of life. The weaker ones seldom attain a great age.

However, it is the purpose of the Hygienic practitioner to teach both the weak and the strong to get the most out of life, to show them that life is a possible dream to be lived to the full and that this can be accomplished in full measure when we know and follow the principles you are learning in this course, the principles of Life Science. The student will observe in the following mini-glimpses into the nine stages that we will, unfortunately, not be able to include all influences and/or conditions that could conceivably arise. Our purpose is to provide a broad index so that students can be aware of the evolving biological degeneration brought about through multiple physiological errors, these leading to the aging of people as customarily observed. The Hygienist, of course, has sufficient evidence to demonstrate epidemiologically and historically that such aging is contrary to organic law. However, by having knowledge of the progress of toxemia at work within the body, the Hygienic practitioner should, in the normal course of events, be better equipped to help his elderly clients to attain a far higher plateau of health than they presently experience.

As we progress through the nine stages, from birth to death, we will actually be watching the diverging

paths of the chronological and biological clocks. We should bear in mind that humans are probably designed to live, on an average, about 150 years. Let us observe how the biological clock outpaces the chronological clock, and why!

3.1.1 Stage One—The Period of Childhood

In this first stage we cover the period of life from birth to about the tenth year. This is normally the time of childhood, a time of life when a person is more or less completely dependent upon parents and/or others for life's necessities:

- Custodial care both in sickness and in health.
- Housing.
- Cleanliness.
- Clothing.
- Education.
- Food.
- Environment including: Social, emotional, physical and spiritual.
- Other.

In Lesson 80 we paid some attention to child abuse and pointed out that there are many ways to abuse young children. Probably such abuse has existed throughout the history of mankind but it remains, nevertheless, a troubling problem which must, in our view, be rightfully attributed to the inner turmoil which damages the nervous structures of the body and leads, more often than not, to erratic behavior.

We should remember that the various kinds of abuse are often difficult to detect and even more difficult, we are told, to prosecute since the child, either out of a sense of fear or love for the abusing parent, may refuse to testify or because of his young years, may be unable to do so.

In recent years still other multiple problems have arisen, these being most often associated with the single parent home. These are presently receiving some small attention but they have certainly not, as yet, been resolved insofar as the possible psychological and other effects on the developing child are concerned.

In Lesson 80 we noted that the family unit, as traditionally constituted, is undergoing change. However, we must recognize, especially as we look forward to the problems of the elderly, that the long range results of these changes, whatever they may turn out to be and however they may have been created, have yet to be evaluated. The evidence that is already "in," seems to indicate that the effects may be long-reaching and profoundly negative in kind. Many elderly clients are often greatly troubled by the fact that young children are being neglected by their parents and also by the fact that they themselves have apparently become almost "nonpeople" in the eyes of their children.

The Types of Disease Commonly Experienced in Stage One:

- Acute: Chicken-pox, measles, eruptive fevers of all kinds, poliomyelitis and similar "self-limiting" diseases.
- "Allergies": Rashes, itches, various nasal and lung catarrhal disorders which may or may not exhibit periodicity, coming and going at intervals.
- Others: Frequent colds, tonsilitis, glandular swellings, pinworms and other fungus infections. (Don't forget, pinworms find a happy home in catarrhal victims!). Leukemia is the No. 1 killer of young children. Digestive disturbances, including diarrhea and/or constipation, infant colic and irritability.

The State of Health Observed in Children is Determined by:

1. Inherited Diathesis—the child's legacy from generations of ancestors which have preceded him for hundreds of thousands of years; includes health of parents at conception.

2. The health and care of the mother during the prenatal period.
3. The care and feeding of the child following birth including, among other things, the following:
    a. The emotional environment and experiences.
    b. Physical care and nurture including protection from violence.
    c. Kind, quantity and frequency of feedings.

The Most Common Errors Made In Child Care:

1. Overnutrition—Feeding too much food and/or feeding too frequently.
2. Poor Nutrition—Inability to nurse the infant. Poor quality food or too little food.
3. Too much handling or too little handling.
4. Failure to satisfy physiological and emotional needs. The "Empty House Stress" of children with working parents: "Latch-key children."
5. Too little exercise.

3.1.2 Stage Two—The Adolescent Years—Ages 10 to 20

In Lesson 82 we discussed the adolescent and Hygienic living and noted that this period of life is a period of transition from childhood to adulthood, one which begins with a more or less complete dependence upon others and evolves into a state of emerging independence.

We wish to call your attention to the bodily and health changes that gradually take place during this transition period, these changes illustrating, in many cases, the beginning of disorders which will trouble the elderly, but to a far greater degree. It is in these early years that we witness the *alpha*, beginning phases in the biological evolution which results, finally, in the elderly individuals as the *omega*, of life, when catastrophic diseases begin to take an ever-accelerating toll. When the foundation is faulty, the structure will eventually give away.

The Types of Disease Commonly Experienced in Stage Two:

- Acute: Note that the acute diseases of childhood become less frequent but other kinds of disorders develop, such as: Sinusitis, hay fever, bronchitis and various other kinds of catarrhal involvements: frequent colds, influenza, etc.
- Digestive Disturbances including diarrhea, constipation, colitis, appendicitis, and ulcers. (Notice how the seriousness of the conditions is increasing.)
- New Disorders now often appear: rheumatic disorders including neuritis and inflammation of the joints. (So-called "growing pains." Growth actually produces no pain. These pains are due to the increasing toxemia.)
- Eye Deterioration.
- Acne, boils, pimples, eczema or similar skin eruptions.
- Mouth and body odors that prove annoying. In females, menstrual disorders: irregular menses, painful menses, vaginal discharges, edema, depression before and during period—the PMS or the Premenstrual Syndrome.

The State of Health Observed in Stage Two is Determined by:

1. All those cited in Stage One, plus the following:
2. The number, kind and frequency of physiological insults experienced during this stage in the life cycle: Emotional insults, poison insults (both exogenous and endogenous), Deficiencies, (either in lifestyle or in nutrition) and Excess insults (either in lifestyle or in nutrition); or a combination of these.

The Most Common Errors Made in Stage Two are:

1. Overnutrition—the "Eat All You Can" Syndrome.
2. Poor nutrition.
3. Failure to accept responsibility for one's acts, especially among males.

4. Emotional trauma: poor home environment, poor school environment, poor community environment, too much pressure to achieve on part of authority figure, usually parent.
5. Too little discipline in all aspects of life, but especially in the home and school. Creates the false sense that "I can get away with anything and the roof won't fall on me!"
6. Peer rejection or the converse, peer domination.
7. Failure to satisfy basic physiological, biological and/or emotional needs of the immature, but growing body.

3.1.3 Stage Three—The Emerging Adult

During these years the chronological clock ticks on; the adolescent emerges into and becomes the adult. In the beginning of the period, there are varying degrees of dependence upon parents but, by the time this stage has been concluded, most persons have assumed full responsibility for their own care and well-being.

At about the halfway mark, that is, at about age 24 or 25, growth ceases and the body now begins to concentrate as best it can on health maintenance, on healing and repairing the wounded cells and, from this point on, it will be required to wage a constant war against sickness and death.

It is during this stage that mates are chosen and new family units are established. In recent years, marriages have had a tendency to be postponed with many young people, for one reason or another, not seeking the responsibility for a family and opting, instead, for "live-in" partner either of the same sex or, more frequently, of the opposite sex. Almost without exception, however, the future beckons and is full of challenge, hopes are high and all aspects of life are thought to be capable of a successful conclusion!

Those in the twenty to thirty age group, Stage Three, show considerable differences in emotional maturity, no doubt due to their current health status and different backgrounds. The imprinting of the years on their lives profoundly affects the manner in which they handle today.

Educational goals are usually achieved somewhere in this time frame and a wide divergence in aims and aspirations in life appear. Whether or not these are successfully consummated during the generally productive years of the twenties will certainly have a very noticeable influence following retirement, as we will soon see. In fact, it will color an older person's complete attitude toward life and living. It may also determine his health status. But, for now, the overall attitude among this age group can perhaps best be expressed in the words of a popular song: "Kiss Today goodbye. Point me towards Tomorrow!" To the 25-year-old the future is there to be conquered and he has no doubt that he will conquer it! Health maintenance is generally a matter of major concern only to those who do not have it.

The Types of Disease Commonly Experienced in Stage Three:

(Note: Observe the steady inroads made on the vital force, this being sapped by the adaptations required within the body in order to maintain life.)

1. Acute Diseases: the diseases of childhood are, for the most part, nonexistent. Colds and other respiratory disorders are common and more frequent. Asthmatic conditions, bronchial troubles and other similar disorders often become more severe.
2. The teenage "allergies" often disappear and the young adult is said to have "grown out of them. The truth is that a higher level of tolerance to toxins has been attained with a commensurate and equal lowering of the health status
   Some skin disorders now become more or less chronic: for example, chronic eczema or psoriasis.
3. Various other common disorders which are frequently experienced:
   a. Arteriosclerosis, multiple sclerosis, etc.
   b. Rheumatic and/or arthritic symptoms either now make their appearance or, if previously present, increase in severity.
   c. Heart irregularities and other disorders affecting (Note: These troubles seem to be

appearing with more and more frequency also in Stage Two, especially within the last fifteen years or so).

d. Digestive disturbances, especially ulcers, diarrhea and colon constipation.
e. Kidney malfunctioning; especially frequent is nocturnal urination.
f. With females, the menstrual period continues to cause trouble and frequently increases in length.
g. Painful childbirth.

The State of Health Observed in Stage Three is Determined by:

1. Care and nurture during prenatal period and during all the preceding years from birth to present.
2. Inherited strengths and weaknesses.
3. Frequency, number and kind of physiological insults to which the body and mind have been subjected thusfar during the life course.

The Most Common Errors Made in Stage Three are:

1. Overnutrition.
2. Poor nutrition.
3. Indulgence in false stimulants: Condiments of all kinds, alcohol, nicotine; using palliating drugs to disguise symptoms; using prescribed, "social," hard or other drugs including herbs, synthetic vitamins, and/or other so-called "supplements."
4. The emotional stresses incurred in trying to make a living and/or provide for a family in a very competitive business and social scene.
5. The stresses caused by economic and other pressures as, for example, during a depression; the stresses of "keeping up with the Joneses;" trying to provide the "best" for one's children; competition for a suitable mate; the noise and fast pace of modern living, especially in large cities.
6. Overindulgence in all aspects of living; sexual burnout.
7. Failure to satisfy basic physiological and biological needs, especially two such needs: namely, sufficient exercise and rest.

3.1.4 Stage Four—The Parenting Years

In the normal course of events, those who have lived to this fourth stage in the life course have fully accepted their roles as adults and, as such, provide for their own requirements: physical, emotional, financial and spiritual.

Families are usually established, children born, with parents now assuming the nurturing described in Stage One. By this time, the childhood home is no longer a factor except for the effect it may have had upon the individual in all phases of his life to this time.

Formal education has, for the most part, ended and the individual strives to establish himself in the business and social worlds of which s/he is now a part, although for a limited time. Efforts are still made to gain approval of one's peers, although peer pressure is not generally as important as in previous years. During this stage, which includes those between the ages of 30 and 40, both males and females tend to participate actively in the organized life of the community, joining several civic and service clubs, both professional and occupational, as well as participating socially and actively in all kinds of other organizations and activities. Church leadership is assumed by many while others play a more passive role. The over-riding concern of members of this age group is the welfare of the several members of the family unit but, particularly, that of the children they have brought into the world. There is now only a limited concern for the needs, financial and other, of their parents or for older generations still living; that is, for grandparents or great-grandparents. These have become almost non-persons in modern America. This is not true, however, in many other cultures.

During this stage, the future looks fairly secure. Stereotypes begin to emerge, especially in the business

world as individuals find their "niche," as it were. This could well be called the period of "Individual Strategy" with the term "Individual" applying equally well to the individual, male or female, perse, or to the family as a unit.

The proliferation of this kind of activity is usually especially important among those with above average mental capacity and is limited only by the physical status of the individual and by his previous educational opportunities and/or achievements.

Sometimes the stress thus occasioned becomes an important factor in the downward decline in health so frequent and often so dramatic during this stage. The members of this group are often boxed into a corner by the times and are called up to develop strategies to compete, and to cope with all manner of situations and, importantly, they must now do all this on their own. The awareness of this fact can often assume major importance and have a profound effect on the nervous system, usually adverse in kind.

With females entering the business world more frequently now than in former years, they are now subject to the multiple stresses not previously experienced and, in addition, they must often be concerned not only with the care and rearing of children but also with the maintenance of the household. Characteristically, few males contribute in this regard, although more seem to be doing so now. However, females are called upon to assume a multi-faceted role: giving birth to children; assuring that the emotional, physical, spiritual and education needs of the children are met; taking care of the physical home in which the family lives; assisting with the financial needs of the family unit; and, finally, participating more or less actively in community organizations such as the PTA, Boy and Girl Scouts and similar child-oriented groups. The stress factor can be enormous when the traditional maternal role is thus expanded and it is not unreasonable to expect a subtle erosion of the life force under such circumstances, one that will, no doubt, have an impact on women's later years.

The Types of Disease Commonly Experienced in Stage Four:

1. Acute diseases: Colds, influenza and various other kinds of respiratory disorders of varying intensity according to previous history.
2. Chronic diseases now become increasingly evident and, when present, these can have a major impact on the family unit as well as upon the individual thus encumbered. As always, the conditions experienced are the fruits of the past.

The most common chronic diseases which emerge in Stage Four are:

a. Heart disease of one kind or another.
b. Liver complaints of varying severity.
c. Chronic prostatitis.
d. Ulcers (10% have either a stomach or duodenal ulcer).
e. Benign tumors.
f. Diabetes.
g. Various joint and bone diseases.
h. An assortment of the so-called "itis" diseases: cystitis, metritis, sinusitis, neuritis, colitis, etc.
i. Digestive disorders of one kind or another, including but not limited to: burning, constipation, diarrhea, gas emissions, fullness, anorexia, etc.
j. Varicose veins.
k. Sclerosis of arteries, poor circulation with cold extremities being a common complaint.
l. Most now wear glasses.
m. Irritability, extreme nervousness, tics, etc.
n. Female complaints worsen, with menstrual periods often extending from seven to ten days in length, indicative of extreme toxicity and causing many to opt for an hysterectomy.
o. Diseases commonly associated with the female sex organs.

State of Health Determined by:

We are sure our students can now begin to see where we are headed with the ticking of the biological

clock, this, of course, under so-called "normal" living and eating habits.

1. All previous factors listed up to this point as they may be applicable to any one individual.
2. Whatever kind of disease or diseases which may have evolved will have been determined by the individual's own peculiar diathesis and by the number, kind, and frequency of the physiological insults—the multiple stressors—to which the individual has either subjected himself or to which he has been subjected, either knowingly or unknowingly. The stressors can be either mental or physical in kind, of internal or external origin, and multiple or single in number.

The Most Common Errors Made in Stage Four Are:

1. Overnutrition.
2. Lack of moderation in all aspects of life.
3. Failure to obtain a full quota of the organic requisites of life.
4. Failure to satisfy the individual's basic physiological, biological or spiritual needs and/or disobedience to any or all of the fundamental laws of life. Enervation, due to toxemia, of one or both partners results in the breakup of many marriages.
5. False stimulation: continuing to use condiments, alcohol, nicotine, drugs as detailed earlier; the wrong kind of sex life; snacking, using chemicalized soft drinks and other processed "food," generally poor nutrition.
6. Killing overstress in one or more areas of lifestyle.
7. A driving urge to achieve in one's career or profession, or in some other area of life in spite of demographic contrary evidence indicating possible failure.

3.1.5 Stage Five—The Middle Years

We include in this category those persons between the ages of forty to fifty, the period of mature adulthood. Persons in this age group are commonly referred to as being "middle-aged."

It is in this stage that individuals, both male and female, begin to question where they stand in the scheme of life. Many become extremely anxious and develop a sense of frustration and inadequacy. Many find that the problems and/or challenges they face seem increasingly more difficult to solve and/or meet successfully.

It is in this middle period of life that, perhaps for the very first time, a sense of foreboding failure produces a state of mind wherein the possibility of defeat becomes imprinted on the subconscious mind. Often people in middle-age begin to feel boxed-in, even hopeless at times. Many begin to make less and less of an effort to cope with daily matters of concern. Anxiety, worry and fear about the future replace planning and performance.

Many emotional peaks and valleys, destructive of health, are occasioned as children leave the home scene to pursue their own lives.

Sometimes the anxiety takes another line of defense with the three P's taking over: 1. An obsession with *perfection*, 2. Since perfection is either unlikely or impossible, the individual tends to *procrastinate*; and, finally, 3. The disturbed person simply settles for *paralysis*—non-performance—and often gets locked into life-destroying habits. This is especially true of men in the business world but the same synopsis will, no doubt, appear in women attempting to cope with dual roles.

The more intelligent ones in this age group, the ones who have thus far fully coped with life, often begin to delegate responsibilities to younger employees, especially in those areas that require physical effort as well as mental. Some enter a new dimension of life successfully by developing a wide diversity of management skills, especially those concerned with decision-making and with long-term planning.

It is interesting to observe how physical activity begins to decrease as the middle-aged, due to the mounting toxemic load within their stressed bodies, tend to lead a more sedentary lifestyle, this being due to the fact that they are increasingly plagued by muscular ailments, stiffening of muscles and joints.

The ranks begin to thin-drastically due to deaths caused mainly, in the male population, by heart attacks and, among females, by diseases associated with child-bearing: uterine, tumors, kidney failure, breast tumors. Many females fall victims to surgical procedures such as hysterectomies and mastectomies or various drug-related (iatrogenic) diseases. The biological clock ticks rapidly during this period.

This is the period when both males and females become acutely aware of the fact that they are aging. They feel they have done all that could possibly be demanded of them and forget that when we stop producing, we are already old.

All the chronic diseases which previously annoyed become moreso now. Many, indeed, become life-threatening. The vast majority develop what Dr. Virginia Vetrano calls, the "Run-to-the-Doctor Syndrome." Many also become addicted to the stimulant habit. These have been correctly termed, "The Critical Years."

The Types of Diseases Commonly Experienced in Stage Five:

1. Colds, bronchial and other respiratory disorders now tend to appear more frequently and last longer due to the diminishing vital force. Emphysema is now more frequently observed than in former years.
2. Arteriosclerosis and atherosclerosis with accompanying symptoms, such as cold hands and feet, sudden chills, and other indications of clogged circulatory channels.
3. Cirrhosis of the liver.
4. Heart disorders of all kinds; many fatalities.
5. Emphysema.
6. Rheumatoid arthritis. This disease was formerly considered to be a disease of old age. It is now common in this age group and even in much younger people. For example, there are at least 60,000 American children who are afflicted with juvenile varieties, according to Dr. John Baum, M.D., director of the Pediatric Arthritis Clinic at Strong Memorial Hospital in Rochester, N.Y. The medical community, of course, knows no "cure" other than palliation of pain and cannot understand why children often "recover" from arthritis while adults seldom do
   Life Scientists know, however, that when cause is removed, the body wisdom takes over and tends to move toward perfection when basic organic needs are fully met.
7. Benign and malignant tumors, especially among the female members of the group. However, the medical community fails to recognize that these tumors represent the final link in the chain of errors both in lifestyle and eating.
8. Menstrual disorders with increased flow.
9. Cancer of the colon, especially among males.
10. Ulcerative colitis.
11. Obesity.
12. Alcoholism and/or addiction to other drugs, especially upon mood-altering drugs.
13. Lack of vitality—the "Fall on the Couch After Work" Syndrome.
14. Frequent heaadaches, especially among females but also among males, these being due, of course, to toxic overload.

The Stage of Health Determined by:

1. Failure to correct errors in diet and in lifestyle.
2. The type of counsel sought and obtained, whether knowledgeable or otherwise.
3. The inherited diathesis.
4. The number, kind, amount and frequency of intake of drugs

   We note in this middle group that the ranks begin to thin as the indiscretions of a lifetime begin to take their toll/ The biological ticking now begins to accelerate.

The Most Common Errors:

1. Strangely enough, all of the former errors are usually continued largely because it is difficult to change long-established habits. This is especially so when education in the application of Hygienic principles has been nonexistent in the individual or in those persons consulted for advice in matters of health care.
2. Because of the errors noted in No. 1 above, "middle-aged" people as a rule tend to gravitate to an even greater dependence upon prescribed and over-the-counter drugs; and also to cocaine, alcohol, nicotine, and so on. Many play Russian Roulette with themselves by using combinations of several drugs at one and the same time.
3. Overnutrition.
4. Increasing dependence upon sugar, tea, coffee, salt, pepper, etc.
5. Failure to seek suitable relief from stresses, many of which increase in number and intensity and seem to attack in various life spheres: at home, in business and in social contacts often due to the fact that younger people are striving for their own niche and so attempt to displace the older ones.
6. Failure to recognize and adjust appropriately to the subtle erosion of the life force which is now accelerating.
7. Reluctance to admit that parenting days are over and to find interests in new directions.

3.1.6 Stage Six— The Late Middle Years

Ages fifty to sixty represent the late middle years. The biological clock has far outpaced the chronological clock. Since the itinerary of life was not figured out in advance of the journey, and seldom is—we find that all the former symptoms of uneasiness about the future and all the diseased conditions usually continue and, indeed, become more intense.

There is an old saying to the effect that "you can't put an old head on a young man's shoulders!" This is true and perhaps fortunately so, but the Hygienic practitioner, if he wishes to be successful in working with patients, will necessarily have to come to grips with the realities of the aging process. This is so because the great majority of his clients will come from the older members of the general public. He should make himself familiar with the generalities noted as being characteristic of each age group, with the kinds of anxieties and hopes for the future, with the common errors in living and eating and, of course, with the kinds of disorders most commonly characteristic of each group. Only in so doing can he hope to develop the kind of empathy required for effective counseling.

Females

Females, in the late middle years, come to grips with the stresses customarily, but erroneously we believe, associated with the aging process, namely the "change of life."

Alexis Carrel, M.D., the Nobel Prize winner, in his book, *Man, The Unknown*, stated that herein lies a fundamental difference between men and women but comes to a rather abrupt conclusion in middle age among women. Carrel held that this single fact places women at a disadvantage to men.

Hygienists, of course, hold that toxemia and toxemia alone is responsible for the manifold discomforts endured by most women during this period of life, discomforts which are both physical and mental.

The hot flashes which at times seem about to consume the woman; menstrual flow which often lasts from ten days to over two weeks, often flowing so copiously that women are required to take to their beds; flow which returns at irregular times, sometimes after only a relatively short interval of a week or so. Such abnormal blood flow saps the body's energy reserves and aggravates a!» existing physical conditions.

We can but wonder at times that women in this age group survive as well as they do, although, of course, many do not. Hysterectomies are common. The concerns of women are a fertile hunting ground for money-hungry surgeons. In 1975 over 800,000 such operations were performed. In recent years we have heard of such operations being performed on gullible women as a "preventive" for uterine and other

cancers. Such mindless butchering is a twin to the present trend to remove a woman's breasts, even in young women, as a preventive against the possibility of having cancer of the breast.

The Hygienic practitioner can often provide much comfort to older women in this time frame. Their physical discomforts lead to mental anxieties about their "worth" as women. Many believe they will no longer be attractive to men. They require assurance of their ability to play a meaningful role in the scheme of a well-planned life. They also require assurance that their physical discomforts can be alleviated provided they follow the teachings of Natural Hygiene. As we shall see when we come to our review of some actual case studies, the rewards for the Hygienist can prove highly satisfactory.

Males

When men finally attain this age, they start looking forward to their retirement. *Then* I'm going fishing. Then I'm going to take that trip. *Then* I will paint that painting, one worthy of the great masters. They spend many hours in their "magic moments." Their physical activity usually lessens. This is true of women also. Both sexes now prefer to be spectators at sports rather than active participants.

Many men begin to look around for groups to join: service clubs, church-sponsored support groups, and so on. Both men and women tend to look around for "causes," much as young people do. This is often due to the fact that their children become more and more involved with their own family units and have less and less time or inclination to spend with their parents. They are forced into the realization that *their* parenting days are over. This is, for many, often a moment of cruel truth, particularly to those men and women who have devoted their time largely to their children and have forgotten to develop *themselves* as they travelled through life. Sometimes all the Hygienic practitioner is required to do to improve the mental health of clients is to suggest ways and means, to provide a list of ways in which the client may yet offer meaningful service to the community at large.

We suggest to the sincere practitioner that he contact the local chamber of commerce to obtain a list of clubs functioning in his particular community. Find out if the city or town has a recreational department. Interview the personnel and find out what is offered. Ask to be placed on their mailing lists. Contact local churches to see what group discussions are held regularly. For example, one local church this community of Tucson offers all kinds of classes from painting to aerobics. Additionally, the A.A., Al-anon and St. Luke's Healers meet there, as well as Over-eaters Anonymous. An individual well versed in Natural Hygiene can often provide meaningful input at these kinds of group meetings.

We should point out at this juncture that both the males and the females in this group normally become increasingly aware that there is a limit to the human life span which can reasonably be anticipated. With most people, this is like a thunderbolt out of the blue. Younger people seldom think about the end of life because they are deeply involved *in* life. However, even this acceptance of the fact that their days are numbered does not prevent their actively wanting to outlast all their peers!

This is why this age group is especially susceptible to spurious remedies which may be suggested by allopathic charlatans and other "quacks," this word being used in its commonly-used sense and not especially in its original connotation as a reference to a medical doctor who overdosed his patients on mercurial remedies.

The use of tranquilizers becomes almost a way of life, particularly among the females, although as many as half the men may also become addicted to mood-altering drugs. Many begin to develop strategies to make themselves appear to belong to a younger age group as, for example, seeking for and submitting to suitable cosmetic surgery, dying the hair, taking up tennis or other physical exercises commonly associated more with those in a younger age group; not that there is anything essentially wrong with any of these pursuits except as they may prevent or hinder more correct age-deferring methods and practices. Coronary bypass operations and organ transplants, even though their effectiveness is open to Hygienic debate, are resorted to more and more frequently as sick men and women try vainly to stop the ticking of the chronological and biological clocks. We know one gentleman in this age group who has already had four heart bypass operations! In this age group many are actually reduced to medical servitude. Before

they come to the Hygienic practitioner many will have had just about every expendable organ removed and will have poisoned their bodies for years. Many will expect, too, to be restored to health in a matter of days and weeks even though every single cell in their body has been severely damaged by the indiscretions and errors of a lifetime!

The Types of Diseases Most Commonly Experienced in Stage Six:

1. Loss of sexual drive or abnormal interest in same.
2. Breast cancer in females.
3. Cancer of the colon, especially among males.
4. Rheumatoid arthritis and, in women, menopausal arthritis.
5. Cirrhosis of the liver.
6. Cystitis and other kidney disorders.
7. Tuberculosis and other abnormal respiratory disorders.
8. Cancer of the larynx.
9. Strokes.
10. Heart attacks, angina pectoris.
11. Varicose veins, "grape" clusters.
12. Spine disorders and various bone diseases, especially osteoporosis or sponging of the bones.
13. Ulcerative colitis.
14. Chronic prostatitis.
15. Loss in vitality.
16. Depression as well as other nerve-related disorders ranging all the way from simple tics to Parkinson's disease.
17. Alcoholism.
18. Drug addiction. Many become victims of. poly-pharmacy, the indiscriminate prescribing and taking of drugs. This age group represents but 10% of the population but consumes over 25% of all prescription drugs as well as the larger proportion of other drugs, including social and nonprescription drugs.

We trust that our students are developing their understanding of how past errors can limit the quality of our present and future life unless suitable (Hygienic) remedial steps are taken and, of course, in time.

The State of Health Determined by:

1. As usual: the previous and continuing errors in the diet and lifestyle, the cumulative effect of which is now being seen in the rapid degeneration of all organs and systems. In many members of this age group, the biological clock is now racing even though they may be consciously unaware of this fact. As Dr. Robert W. McCarter, Sr. used to say, "Their inner parts are a foul mess!" They function, but barely.
2. The number and kind of operations to which the body has been subjected and the amount of adaptation and accommodation thus required, both mental and physical, and by all parts of the system. In many cases it becomes a matter of "Died at 36, buried at 60!"

The Most Common Errors Made In Stage Six Are:

1. All those previously stated, especially overnutrition, this in spite of the fact that both mental and physical activity has been curtailed, often greatly so because of one or more infirmities.
2. Drug dependence, especially on the mood-altering drugs and alcohol. Many of the elderly who live in mobile home parks, or other "Communities of the Aged," regularly go on alcoholic binges. The arthritic may take mood-altering drugs to relieve the depression so commonly associated with this painful condition as well as several highballs to impart a false sense of well-being. The arthritic often has recourse to one or more of such drugs as butazolidin alka, motrin, indocin, naprosyn and nalfon among the most common ones being presently prescribed in this senseless age of poly-pharmacy!
3. Surgical removal of ailing parts in a vain attempt to remedy past errors. We say "vain" because

CAUSE remains.

4. Little or no effort is made to modify behavior to one more in keeping with the physiological and biological requirements of the living organism, largely because of a more or less complete ignorance of the same. Who is there on the present scene except the Hygienic practitioner to educate the public on the relation of cause to effect in body care?
5. Becoming increasingly out of the "mainstream" of life as more and more of the aging population moves into communities with their peers. They put themselves physically out of contact with other age groups and, by so doing, become the forgotten members of society, tolerated but not really wanted.
6. Overnutrition. Even though less active, physically and mentally in most cases, they continue to eat as they always have.
7. Concern about the future becomes an added stress to all former stresses. Anxiety about one's health often becomes the major concern.

3.1.7 Stage Seven—The Beginning of Retirement and Old Age

In present-day thinking this age group arbitrarily includes all persons between ages sixty and seventy. These are the retirement years and the beginning of what is commonly recognized as "Old Age," although to the very young any person over the age of twenty-five is "old!"

Some few make this transition with flying colors. Usually the more successful life travellers are the ones who possess a higher degree of health. The majority, however, because of numerous infirmities, begin to conserve and safeguard their constantly dwindling energy reserves. They walk slower, they think more slowly. They tend to make many attempts to retain their own image of the importance of SELF, husbanding the thought of their former status in life, their imagined or real prestige and even the authority and seniority they may have possessed in the work situation and, also, whatever, power, real or imagined, they may have had either in their own family group, at work or among community situations and groups. In other words, they tend to hold on to the past because of the emptiness of the present!

A relatively small percentage of the population managed to survive long enough to become a member of this age group. While there are conflicting reports in this regard, we have seen figures which state that only about 10 percent of the population at birth reaches the age of 65. These, as we have said, are the tough ones. They have either possessed a remarkable constitution, one that was able to withstand the multiple assaults of a lifetime or, possessing some lesser stamina, they knew enough to take good care of themselves.

Whichever may be the case, members of this group often become acutely aware of the fact that they are now old and this largely because of the fact that many of their financial and social expectations anticipated in their younger years have been shattered and also because many of the supports offered by the community at large to the more productive younger age groups are, in far too many instances, nonexistent. The media constantly presents the beautiful side of young life and the constant barrage of "that which might have been" becomes a physiological insult of major dimensions to the elderly. Too often, we fear, communities sadly neglect the social and other real needs of this age group and fail to offer or sustain beneficial activities for them, although we must say, that there are exceptions. Tucson is such an exception. In general, this city provides well for the elderly.

In the previous age grouping both sexes generally look forward to retirement. They expect the future to be both enjoyable and rewarding. This often proves to be true provided three factors are in evidence: First, the individual possesses a higher degree of health than is experienced by the average person today who passes the sixty-year mark, secondly, his financial needs are well taken care of, and thirdly, both partners to a marriage survive and especially when both are physically and mentally well and-active.

Unfortunately, however, we find that shortly after retirement, far too many in this age group find that they suffer from this disease or that condition and that the ensuing rapid decline in physical vigor does not permit them to, fulfill their former hopes and dreams. The vital force they do possess begins to

decline even more rapidly and, during t the last five years of this stage, the loss in the ranks accelerates to a devastating degree, often due to an overwhelming depression occasioned by the loss of loved ones, friends and relatives, and to a series of unanticipated happenings with which they have difficulty coping.

Of course, a few emerge from this decade relatively unscathed and in good mental and physical health, but the majority do not. They succumb to the pressures of financial and other worries and to their physical ailments. Many lose their life's mate and are overcome by loneliness and despair. Suicides become increasingly more common as life's problems become too great for effective coping.

The Types of Diseases Commonly Experienced in Stage Seven:

1. Cancer in its many forms.
2. Arthritis in its many forms but especially rheumatoid arthritis. Ankylosing (fusing of joints) is common, especially among the hardier ones. In the weaker, one or more organs may give way with death resulting. Deformed and painful joints often curtail participation in social events and can lead to social isolation.
3. Tuberculosis and severe bronchial disorders of all kinds.
4. Bright's disease.
5. Abnormal growths including benign and malignant tumors, these in various places within the body.
6. Digestive disturbances and associated diseased conditions.
7. Diabetes with organic degeneration as, for example, of the pancreas; extreme fatigue; failure to heal wounds, etc.
8. Bone diseases (brittle bones, sponging of bones, scoliosis of the spine).
9. Sclerosis.
10. Cataracts and other eye diseases.
11. Early signs of senility.
12. Extreme depression resulting in suicide. This age group represents 25% of all reported suicides!
13. Drug addiction.
14. Alcoholism is very pronounced.
15. Heart attacks and strokes.

Again we suggest to our students that they go back to Stage Six and compare the disorders most frequently experienced in that age group with the above list. Note how the conditions have become pejoratively worse as the cause or causes remained operational.

The State of Health Is Determined by:

1. Those who have reached this advanced age (by present standards, of course, not by Hygienic standards), have demonstrated not only their good inheritance but also the fact that they have taken reasonably good care of themselves.
2. The frequency, number and kind of physiological insults they have endured during their life course, including, of course, their prenatal care, their care during the dependent years of childhood and adolescence, and during the intervening years. An insult of major dimensions in this age group is the wasting of their resources by children who sponge off them, borrowing their substance and leaving the elderly parent "holding the sack," as the common saying goes.

The Most Common Errors Made in Stage Seven Are:

1. Overnutrition; often now a compensation for life's negatives.
2. Poor nutrition.
3. Lack of exercise.
4. Using drugs, including vitamins and other supplements.
5. Overstimulation and incorrect stimulation—especially alcohol.
6. Falling prey to charlatans and quacks who offer "quick" cures for a lifetime of errors.
7. Failure to seek help when needed from whatever sources are available in the community of

residence. Such help is available from a wide variety of sources: churches or from community, federal, state and private agencies which are to be found in almost every community either at no charge or for a very nominal fee. As we have stated, the Hygienic practitioner should become knowledgeable about these services. Many newspapers regularly list them.

8. Failure of the community to provide participatory and/or leadership roles for the retired. The government at the federal level does have a program for the retired in which they can share their wealth of experiences with younger members of society. This is especially available to persons with business expertise to share. Practitioners may make themselves more knowledgeable in this regard by visiting the offices of the Small Business Administration. Inquire about opportunities for the elderly.

3.1.8 Stage Eight—The Post-Retirement Years

We should like to point out at this juncture that the constant intake of drugs soon pushes the drug taker into new dimension of life in which all body cellular membranes suffer, nerve pathways become erratic and con fused, and the total metabolic routines become uncertain and inefficient. This fact no doubt has a profound effect on many facets of the life process, if not, in fact, on all.

This is the period of life, from ages 70 to 80, that is generally accepted by both the population at large and the individuals concerned as being "Old Age." It should be the "Period of Harvest," the time of life when men am women should enjoy the fruits of their lives of love and labor but, unfortunately, the contrary is more often true.

The post-retirement years are only too often the years of trial and tribulation, rather than a time to gather in the rewards of a life well lived. As we look around we find very few persons in this age group who are still contributing members of society. This is, of course, both unfortunate and unnecessary. The members of this age group not only demonstrate their good inheritance but also the fact that they have generally, and more or less consistently, taken good care of their physical and mental bodies, at least according to the tenets popularly espoused, but certainly not by Hygienic standards.

This is the age that should be a time for one's self, a time to engage in one's very own thoughts and activities, in various hobbies, or in private work of one's choosing. I should perhaps be a time to go back to school for a higher level of "Re-creation," a renewal of soul and a reassessment of values. The world remains to be explored a does the mind and soul of humans. This could and should be the most challenging time of life.

Unfortunately, major emotional stresses often enter and intrude upon daily living: fear of further hurts, of financial insecurity, of disease, of loneliness, among a host of other possible stresses. Anxiety often comes from within and is sponsored by imagined or real states which prove unacceptable to the mind. When a loved one is lost through death as, for example, one's lifetime mate, an all-embracing grief takes over. Danger, loss, or injury, too, are often just imagined but these may, of course, prove to be real. The stresses occasioned by either state may prove devastating to poise and thus to life itself. Such individuals, even though threatened by an unreal threat, often withdraw into some inner world of their own, one which is more comfortable for them.

The more the physical body is beset by physical degeneration, the more intense the retreat into a personal kind of fantasyland. Ordinary griefs and anxieties become exaggerated and may then turn into deep depression, this being the most common psychological involvement among the aged.

With others, a deep sense of anger sometimes evolves,; feeling that the entire world has placed itself in direct opposition to one's personal hopes, dreams and ambitions. A scapegoat may then be sought in an attempt to find some person or some thing which can be blamed for whatever predicament the individual happens to find himself in Such an attitude, of course, tends to alienate those around him and the individual thus possessed finds himself re treating more and more from a society which is, in his view, antagonistic toward him. This kind of attitude is usually amenable to corrective changes in eating and

living habits.

Some Types of Diseases Commonly Experienced in Stage Eight:

1. Organ degeneration throughout the entire body with all parts, organs and systems involved.
2. Heart failure.
3. Digestive disorders of all kinds, sometimes psychosomatic in origin; loss of appetite due to depression.
4. Bright's disease.
5. Tuberculosis.
6. Cancer, although with a lessening susceptibility, due no doubt to the fact that organs give way before the onset of true cancer, actually a rare disease.
7. Cataracts and other eye disorders.
8. Great loss of vitality; loss of sexual drive. Occasional increase in the interest in sex but often accompanied by the inability to perform, this latter often observed in nursing homes where patients of both sexes are watched constantly else they intrude on other patients for the purpose of having sex; in other words, some develop an abnormal sexual interest but it is not accompanied by sexual power.
9. Bone diseases, loss in hearing, nervous disorders, especially Parkinson's disease (the "shaking" disease).
10. Emotional disorders: schizophrenia, senility, organic brain syndrome (general deterioration) and other psychopathologies resulting in extensive disorganization of the personality; the suicidal tendency which is often demonstrated by a refusal to eat or to get out of bed when perfectly capable of doing so; and also, at times, an unexplainable loss in weight, or a total lack of appetite. Hygienists, of course, recognize that all these symptoms are indicative of the presence of an unusual complement of morbid waste within the body.

The State of Health Is Determined by:

1. All those errors, circumstances and situations previously cited.
2. The nature of the continuing care of Self, whether good or poor.

The Most Common Errors Made in Stage Eight Are:

1. Overnutrition.
2. Poor nutrition.
3. Lack of exercise.
4. Lack of challenging and purposeful mental activity.
5. Failure to enter into community and other affairs.
6. Failure to seek help as and when the need arises.
7. Failure to prepare properly for this time of life, financially and otherwise, including mental preparation.
8. Physical and psychological abuse by families and/or others; 2 1/2 million elderly are thus abused every year in the U.S.

3.1.9 Stage Nine—The Years of Custodial Care

In today's society when an individual reaches the ninth stage in life's journey, he is generally regarded as "having had it." We include in this grouping all those persons who have lived in excess of eighty years, ages eighty to ninety and beyond! Unfortunately by far the greater number of persons in this category require more or less complete custodial care similar to that required at the other end of the spectrum of life—in the first stage.

There is another similarity to the very young, also. Sad to relate, the very old, like the very young, often suffer from family and/or institutional abuse—the battered grandparent syndrome, as it is termed. The abuse ranges all the way from the psychological to actual physical abuse. Family neglect is common

with many in this age group being housed by their children in institutions of doubtful reputation. We have known of patients who have been placed in custodial care provided by second-rate and/or by good institutions and who have never thereafter been visited by their children or other caring members of their family. Often the desire for some small gesture of love and affection visibly evident in the older "inmates" is pitiful, indeed.

A very low profile is kept of these elder citizens, their public visibility being practically nonexistent and, since most of the members of this age group (in excess of 98%) have long since passed away, there are few physically and mentally able among them who are able or in a position to protest. So it is that this group is, more often than not, at the complete mercy of a noncaring society.

The crying need of our times is for loving homes for these citizens who have served us and our country so well throughout their lives, Hygienic homes in which correct diet and lifestyle are taught and encouraged; where meaningful, constructive activity is provided, both mental and physical; where all the biodynamics of life are employed according to the several capacities of individuals to utilize them.

Sad to say, most Americans simply don't like old people. They have an image, fostered by financial interests, that all the elderly are foolish and senile, a potential burden. Consequently, they do not wish to be reminded of their presence. In their childishness, they refuse to accept that they, too are presently riding on the same train that these elderly once rode and that, by the very nature of life, if they too are tough, they will reach this station in life.

The Types of Diseases Commonly Experienced in Stage Nine:

1. Neuroses of all kinds, especially depression caused by ill health and extreme loneliness. The kinds of neuroses observed may range from sitting in complete silence to constant talking and even yelling, as if in pain; failure to connect the present with the past; loss of memory, unwarranted suspicion, etc.
2. Brain damage.
3. Loss of hearing.
4. Loss of some degree of sight; total blindness.
5. Various organic failures due to eruption of latent organic illnesses. Incontinence is a common disorder.
6. Digestive disorders, especially colon constipation, a condition which causes extreme emotional stress among the elderly.
7. Existing organic diseases and conditions become aggravated, due to lack of proper remedial steps, and these often prove fatal.
8. Fear of change. Even moving a bed-fast patient to another room may cause unwarranted distress.

The State of Health Determined by:

1. All factors, influences and conditions which have previously cited.
2. The present care and nurture.

The Most Common Errors Made in Stage Nine Are:

1. Overnutrition and/or poor nutrition, both in and out of an institution.
2. Lack of exercise.
3. Emotional uncase.
4. Lack of a meaningful purpose for living.
5. Extreme loneliness.
6. Loss of the "will to live."

3.2 The Best in Institutional Care of the Elderly

A short time ago we were invited by a newly-found friend who is and will remain an active participant in life, to accompany him to a nursing home that had recently been built in Tucson. Since we had not, as

yet, had the opportunity to look over this particular facility, we met both with him and the director and were escorted around.

Being new, this home for the elderly was shiny bright. The floors sparkled, assistants and nurses were everywhere. There were three sections, each designed to provide a certain predetermined level of "health" care for the guests.

The first section housed the elderly guests who were able, for the most part, to provide for their personal care. They could put on their own clothing, attend to their personal cleanliness, and even go shopping occasionally in a group setting accompanied by staff personnel, such excursions being arranged from time to time.

The guests in this section were able to wend their separate ways to the dining room at meal times and to go to a beautiful outdoor setting where there were tables and lawn chairs available. There was also a whirlpool bathing facility for those who cared to use it. A television set and mall library were at one end of the facility for the use of 'those who cared to do so. However, there was little else to do.

Consequently, the guests who care to, and there seemed to be many such, wandered the main hall; some eat in the circular lobby which served this and two other sections, and there they simply watched the comings and goings of other guests, visitors and staff members. There were no crafts, no study groups, no organized exercise sessions or sunbathing.

We were fortunate to be present at mealtime so we observed the food which was served to the guests and staff. The day's main level, served at noon, consisted of either baked chicken or fish, baked potatoes, and a cooked mixed vegetable dish which looked to us like the familiar peas and carrots frozen mixture. The dessert was ice cream. White bread was on hand plus oleo margarine and, of course, plenty of coffee, tea or a popular chemicalized lemon mix. We must say that this meal was superior to many we have seen placed before the elderly in similar "homes."

We were given plenty of time to examine the facility. All of the guests were obviously suffering from chronic degenerative conditions of one kind or another. We observed signs of sclerosis, rheumatic disorders, forgetfulness, osteoporosis of the spine, etc. However, to us each and every person in this section appeared to have more than sufficient vitality to assure a reasonable degree of recovery, even at this advanced age, were they to be taken out of this kind of "care" center and then placed in a Hygienic institution where they could be taught the ways of health, rather than be subjected, as they presently are, to the ways of premature death. For example, when asked, the director told us that all guests were kept on some kind of medication and most were required to take sleeping pills. Our students will recognize the fact that the meal served would in no way serve the cause of health.

We then returned to the circular main lobby and began our examination of the second facility, this being designed to house individuals who required more care. Most of the guests here required assistance in dressing, bathing, and for transportation, since many were confined to wheelchairs chiefly because of rheumatoid arthritis, heart conditions, and other advanced degenerative disorders. We were told that most of these guests were kept on medication more or less constantly.

The ages of the guests here in this section ranged from about fifty years of age to perhaps eighty years. None appeared to be older and most were probably in their late sixties and early seventies. Their sad faces mirrored their multiple concerns, their constant pain, and their weariness.

These guests also went to the dining room for their meals. If they were unable to manage their wheelchairs by themselves, they were assisted either by other more mobile guests or by staff personnel. The same boring environment was evident here as in section one.

The director then told us that we were now about to enter the third and last section of this home for the aged, this "Health Care Center," as it is called. The guests here did not have free access to the central section or to the outdoors. Upon opening the large double doors leading into this restricted area, a loud bell clanged. The sound reverberated throughout the facility, from one end to the other. We heard it ring

repeatedly as staff entered and left. The director explained that the guests here were not responsible mentally and therefore had to be restricted in their movements. Most were, of course, also severely impaired physically.

The director advised us to prepare ourselves emotionally before meeting the poor souls housed here. We, of course, had previously been in similar institutions but it is always a shock to see what can happen to humans who do not know or care about the ways of health or who, knowing what they should do, refuse to acknowledge in their mind's eye, the inevitable consequences of error: pain, suffering and eternal darkness of mind and consciousness.

Among the guests, we learned, were a former bank president, several retired school teachers, the wife of one of the wealthiest men in town, and the son of a deceased well-known industrialist. All the guests came from the more affluent of society. The basic cost of housing in this third section is enormous by most standards and all extras are computed on a per item cost value.

We observed a television set and a small room or two where both the aides and guests sat. In one of these rooms smoking was permitted. The guests simply sat looking out into a nothingness. Some issued strange moaning sounds, others cried aloud, as if tortured by some inner demon.

A small courtyard opened to the outdoors from this section. It was surrounded by a high wire fence. Access to it was through a closed and locked door. Not a single guest was that day enjoying the sunshine and the cool fresh air. When we remarked how sad it was that the guests were inside instead of being outside, the director replied, "I know—but we're all just so busy!"

All the guests in the third section required maximum care. They had to be fed, clothed, and transported. They had to be put to bed and gotten up. Many suffered from incontinence and had to be kept in diapers. Like small infants, they required constant care and nurturing.

We were happy to have joined our friend on this excursion. This is one of the best "homes" we have thus far visited. The need to provide Hygienic facilities for the elderly is obvious. There should be many opportunities for our students, to enter into this field of true health care. We live in what amounts to a family-estranged society. So often the elderly are shunted away from the familiar environment of the past into a strange setting where they often lack the sight of family or friend for the duration. They are surrounded by the new, the strange, the unfamiliar. They miss the tranquility of their homes, the peace of the expected. They cope but only with great difficulty with the constant confusion stirring within and around them.

There are those in the medical community who do have compassion on these poor souls but they lack the knowledge of how properly to serve them. Most facilities are, however, run strictly on the profit motive. There is nothing basically wrong about making money for work well done. But in most homes the foods are selected not for their nutritive value but rather with two criteria in mind: 1. Cost and 2. Palate pleasing.

We have yet to find a facility where Hygienic care or anything resembling Hygienic care is provided. Instead, we have seen the elderly lying in their own excreta and writhing in pain on their beds. We have heard them cry out to us, "Get me out of here!" and, sadly, we had to turn away. We have smelled the foul odor of decay that pervades the very air they breathe, the decay of their own sickened and poisoned bodies. This is the forgotten segment of society, the warehoused ones, stuck away so as not to haunt the eyes and minds of the young who do not yet comprehend that their own biological clock is ticking away, too, and that they, like these, will also dissipate their vital force prematurely because they have not learned how to live.

4. A Contrasting View

In America only about 0.4% of the total population is said to survive to age 90 or over and even this figure is suspect since older persons tend to make themselves older, for some strange reason! The majority of Americans in their sixties and seventies stare out of blank eyes at a nothingness. Their faces are lined with care, their bodies twisted by arthritis and sclerotic diseases, their minds are overcome by worry, anxiety, care. As a consequence, many relapse into early senility and withdraw into a world of their own making.

In contrast let us look at some other people. In the Caucasus region of the Soviet Union there are an estimated 4,500 to 5,000 over-100-year-old people. Nearly 50 out of every 100,000 people in that part of the world live to celebrate their 100th birthday and many just keep going on from there! In fact, most believe that youth ends at about the age of eighty, but they just aren't quite sure about that! In 1977, the latest figures we have, the oldest Russian known was said to be a "hale and hearty 168 years old." Only three Americans in 100,000 ever reach 100 years of age and only a handful go much beyond.

Over 10% of the Vilcabambans of the Ecuadorian Andes customarily pass the century mark. The longevity of the Hunzas of Pakistan has been well publicized. The longevity of all we have mentioned has been well documented. But the intriguing part about the longevity of these various groups of people is not mainly that they have lived so long but rather that they have lived more or less constantly, throughout their lifetimes, always in a state of *superb health*. They seem to have stumbled onto the fountain of perpetual middle-age!" They remain vigorous in body and spirit all their lives. Their minds are alert and they remain filled with a zest for living. At 140 years of age, and perhaps even beyond, they work in the fields beside their great grandchildren and, in the upper regions of the Himalayans, it is said that the ninety-year-olds, after their hard days's work in the field, often join the "kids" for a game of volleyball. When was the last time you ever saw a ninety-year-old playing volleyball or any other physical game?

The head of the National Institute on Aging, Dr. Robert N. Butler, spent 17 days in Russia a few years ago at the invitation of his Russian counterpart, Dmitri Chebotarev. He concluded from his research in that country that the legendary long-lived Russians are indeed for real and that they don't do it by eating yogurt!

Dr. Butler found 1. That the Soviets are ahead of the U.S. in recognizing the intimate connection between nutrition and the aging process, and 2. That the U.S. has more equipment for research. He cited these reasons why, in his view, the people in the Caucasus lived so long:

1. They remain vigorous in body and spirit all their lives.
2. They keep their minds active.
3. They retain a zest for living, are fun-filled, family-oriented.
4. They work hard and are physically active all their lives.
5. They have a good inheritance. (He pointed at whole families, all the members of which live well over the century mark.)
6. They have good nutrition. They eat sparingly and do not snack.

Dr. Butler sounds like a Life Scientist when he says that he observed that the aged Russians ate mostly of fruits and vegetables and they they consumed only modest amounts of protein, very little fat, no salt, and no butter. They garnish their food, he said, with nuts instead of using sauces and they do not eat just before going to bed.

Butler observed that the old people stayed active and participated fully in home and community life. In a Gannet News Service release Butler recounts how one of the very old men threw a party for him. "It appeared to be important to him to be a good host," commented Butler!"

In light of our present knowledge of what is required for us to live always in a high state of health, just as these Russians do, it is incumbent upon all Life Scientists to participate actively in educating all people in the principles and practices that will impart to our aged ones a far higher state of health than they presently enjoy.

Butler noted that the Russians are actively pursuing their research while at American facilities devoted to gerontological research he stated that, "The longest time we can get people to come in is for two or three days." The Soviets have even tracked down birthdates and histories put down in old Korans and retrieved passport data from border crossing records of centuries ago. It seems that the Soviets are learning what retards the ticking of the biological clock while Americans appear to, be quite content merely to pop their pills and, in their narcotized state, passively to catch the rising tides of catastrophic diseases and painful deaths as well as they skyrocketing costs of housing and caring for all the sick, diseased, the senile and the dying, the numbers of which seem ever on the increase.

5. The American Express

A total of 225 million prescriptions are written annually for older America. At least 80% of these prescriptions are for mood-altering substances. Sleeping pills are the most frequently taken drug of all.

As noted, the problems are augmented because of the resulting drug complications due to multiple drug usage. When drugs are taken, the elderly are far more likely to have visible adverse reactions which are long-standing than are the young. In the latter, drugs usually produce acute symptoms which are repressed by another drug and then forgotten.

However, in the elderly, pill taking often leads to unexpected death. In the U.S., it seems we are so obsessed with drugs that we fail to study the ways of health!

We recently attended a lecture by a prominent surgeon. The lecture was intended to inform those persons who were about to retire as to the proper course of action. We found that most of those in attendance had long since retired.

They had come to listen to the sage advice of this eminent man of medicine, words that would restore them to health.

The surgeon's first thesis was to assume that retirement comes with age and that with age comes disability. His first words of wisdom invited his guests to visit various nursing homes and to choose which one they thought would best suit their future needs. Why? Because this would be their final home!

Next, he began a long recitation of disorders and gave the medical solution. If you suffer from dropsy, why just take your pills. We have purified exact doses of digoxin. Retirement has a great salubrious effect, but you must continue the drug, and sometimes add a diuretic.

If you retire in the tropics, you must take your quinine regularly. Do you have a thyroid disorder? We have exact doses in tiny pills that aren't hard to swallow and they are "curative" for myxedema or hypothyroid states. If diagnosed early enough, this physician noted, and then treated (with drugs was, of course, implied) regularly, mental, deterioration, weight gain, arteriosclerosis are prevented. Low thyroid states must be diagnosed early, before retirement, and the hormone continued through retirement. So, keep taking your pills.

If you haven't retired yet and you're having trouble with your gallbladder, get it out now. Don't wait until

you're retired. We're really getting more skilled at this sort of thing all the time. And don't forget to take your aspirin every day to keep your blood pressure down! I take three myself.

In reference to pacemakers and heart blocks, he commented somewhat as follows: The block is an interruption in the electrical pathway making the heart beat. It is temporary or permanent. Your pacemaker can be inserted safely to stand by and cut in if the pathway fails. No longer are you subject to the unexpected faints and falls as the heart stops, blood pressure increases and brain fails. Moral: Keep checking the batteries. They last longer now.

Following the lecture, we introduced ourselves and requested a copy of the physician's notes. The above is only a part of the advice given to all those sick, worried and suffering souls that day. Is this all modern medicine has to offer: Take your pills and have that surgery *now*! At the end of his talk, this highly-respected surgeon pulled out a long computer printout sheet. It extended for yards and yards. It represented the item by item billing for a single 28-day stay at a local hospital, at the end of which time, the patient had died. The total bill amounted to $28,950.00. His final words to the audience? Why, of course! "Don't forget to take your pills!"

6. The Hygienic Approach—Case Studies

6.1 The Case of Mrs. B.

We have told Mrs. B.'s story elsewhere in other writings but her story illustrates so well the kind of miracle that the full application of Natural Hygiene can produce that we feel it bears repeating here.

Mrs. B. was brought to our office by her daughter and son-in-law. She barely had sufficient energy to walk through the door even, though supported on either side. She was 66 years of age. A large portion of her body was covered with ulcerated sores. She was obviously in pain and extremely weak. We were advised that her doctor had suggested that it might be necessary to amputate her right leg. That he had exhausted his resources.

Upon examination the leg appeared swollen, ulcerated and a reddish brown to almost black in color. In spite of the ulcers and grape-like veins on both legs, she had been advised by her physician to constantly wear a tightly-fitting elastic garment which she put on like a pair of pantyhose. This was "for support," she told us.

Constipation, heart irregularity, lack of appetite, inability to eat any uncooked foods, gas, stomachache—all these symptoms and more were recited. This was, indeed, a woman in trouble. She was also a victim of the "poor me" complex. She was firmly convinced that nothing could be done for her, that she was doomed.

We decided to take "baby steps" with Mrs. B. We made no changes whatsoever in her eating program except to urge her to combine the foods she liked according to accepted Hygienic standards. We also told her to take off this restraining garment and to toss it in the ashcan. We carefully explained how it would serve only to restrict the circulation and how she needed a good blood flow to encourage healing of her leg.

Within two weeks, the stomach pains were gone and she was having an occasional "normal" bowel movement. Gradually, but gradually, we improved her diet. Then came the sunbaths. This was a real adventure, but she decided she liked this so they soon became a regular habit. We showed her a few simple stretching exercises. Dr. Robert lay on the floor and did them for her so she could see how to help

herself when raising the legs up. She knew that if he at his age could do all that, perhaps she could, too! And she did.

Soon she began to walk. Walk she did around and around the mobile home park where she lives. Her doctor said it was a miracle. Today there is no talk of amputation, no drugs. Instead there is hope. Mrs. B. knows that life can be beautiful. She is now over 70 years of age. We recently gave a lecture and guess who was there. Mrs. B., of course, there with a few friends. She blew a kiss. There was joy on her face but not a single ugly ulcer. For Mrs. B the past is history. She confided to Dr. Elizabeth that she has a boyfriend!

6.2 The Case of Brother's Brother

Our readers recall the story of our 97-year-old friend. Well, this story concerns the younger "brother." At age 73 he attended one of our lectures and subsequently enrolled in a class which consisted of seven sessions.

For 13 years Mr. M. had made regular visits to a local hospital to have his blood pressure checked and to get his prescriptions filled. For 13 years he had followed directions and taken his pills. His blood pressure reading was sky-high. Obviously, the danger of a stroke was very real to this man. However, he was an extremely intelligent man. He saw the rationale of the Garden of Eden diet and the grand sense of adhering to organic realities. He immediately shifted into high gear, as it were. Fruits, fruits and more fruits. He bought watermelon and cantaloupes by the box. He complained at first because he had to get up at night, as many as ten times to urinate, but he persisted.

Mr. M. began to lose weight. He had to buy new clothes but he kept on. He began to walk. He walked over all of Tucson! His complexion became beautifully smooth and clear and his eyes sparkled with life. He began to fast on his own, first a single day at a time, and later extended the fasts first to three days and then to five. Each time he lost more weight which he did not regain. Now each time he fasts, he loses but very little weight. One of these days he will stabilize and then, perhaps, regain some of his lost pounds. But, Mr. M. really doesn't much care about that. He is rejoicing in his new lease on life and, also, because his "brother" is doing so well and, especially, because brother will now give up bread!

6.3 Case Study—Mr. X

We include this brief news item to illustrate how abuse of the elderly can even be unintentional, simply perhaps a matter of negligence. Daily reports are made on local television as to the maximum sun exposure time before burning can be expected. Today, in the Arizona Daily Star there is an item which states, "The Medical Audit Committee for Pima County's Department for Improved Adult Living will hold an inquiry this morning Into the circumstances surrounding the death of an 87-year-old man who may have been left out in the sun too long. This is the public program which oversees nursing homes. The man in question, it seems, was wheelchair bound. Left in the sun, he developed a temperature of 108° and died shortly thereafter."

6.4 Case Study—Mrs. A

Mrs. A. was aged 86 when she came under our care. Her husband, a few months older, was to come to us shortly thereafter. Mrs. A. was already senile, somewhat difficult to manage and suspicious.

However, she became greatly attached to Dr. Elizabeth who sometimes would just simply sit quietly by her side and hold her hand. Simple dietary changes were made with emphasis on food combining. Once each week, she was dressed and taken for a walk and out to dinner. She looked forward to these times. She responded well physically but the mind did not. In fact, she lost her own identity and that of her husband. One day she took out her false teeth and threw them at him exclaiming at the same time, "He just wants my money!" However, the physical improvement was remarkable, under the circumstances,

considering the advanced state of deterioration present when Hygienic care was started. This woman lived to be 90 years of age. Her general disposition became loving and outgoing, but she became more and more childlike.

The husband had been diagnosed six years prior to our taking over his care as having leukemia. He told us his fecal matter had been so impacted that practitioners were compelled literally to dig into the colon to extract it. Apparently he had been taking radioactive cobalt during these six years.

One day one of a pair of workmen who were doing some repairs at his house and also painting one of the ceilings was discharged by the old man who was highly dissatisfied with the work. Being very determined, he got up on the ladder to do the job himself and promptly fell off. The shock triggered an immediate and rapid deterioration and it was necessary to place him in a nursing home since there was no one to care for him at home. He died shortly thereafter and it is interesting to our study to note that an autopsy showed extensive organ deterioration and spinal bone sponging. He was 90 at the time of his death, also. This gentleman refused all dietary and other Hygienic suggestions. He continued taking his pills. He continued to suffer.

6.5 The Case of Mrs. R.

Mrs. R. came to us from another state. We bring her to your attention because she demonstrates how well the mind and body will respond when the full impact of the correctness of Natural Hygiene principles is immediate and causes radical changes in all aspects of living and eating.

At first meeting we learned that Mrs. R. had given birth to eight children and did not know what had happened to a single child. She was in her late 50s and the-children were all in the 20 to 35 age group. During the turbulent fifties and sixties they had joined communes and many had gotten caught up in the drug culture.

Her physician had diagnosed a severe liver disorder and given a dim prognosis. Our first meeting lasted two hours during which time she poured out all her misery, anxiety, her fears. We found out that she was very religious so we urged her to concentrate on her faith and on the future. We gave her a course of study in Natural Hygiene and asked her to give it due consideration.

From time to time we corresponded and at such times answered questions. A year later she came for her second consultation. The change was remarkable. She was smiling, her attitude was positive. Her complexion was much improved but, best of all, she had developed an attitude that life's problems could be satisfactorily solved. She obviously had not as yet solved all of her problems, but she was certainly much more confident of herself and the future.

Three years have passed. She now knows where every single one of her children is. In fact, this last year, she and her husband made a trip around the country and visited every single one of the young people. They have all, but one, entered the mainstream of life. The one exception is presently in a hospital under treatment for tuberculosis. But, best of all, this woman is herself a picture of radiant health. Her family doctor? Why, he has asked to borrow her study books! You see, even at her advanced age, her liver made a fantastic recovery, this in spite of his dim prognosis and, what is more, without his prescribed pills!

6.6 Case Study—Mrs. R. D.

Mrs. R. D. came to us after having experienced a limited hysterectomy, three massive heart attacks followed by a mastectomy and two years of severe angina "attacks." She had been advised that there were several coronary occlusions but that her body had partially corrected all but one of these. Mrs. R. D. expressed her willingness to place herself completely in our hands since she had finally come to the conclusion that her doctor of many years had nothing more to suggest. However, she was afraid to fast and, perhaps, it would not have been desirable in her case. We placed this woman on our Extended Rest Plan which involves the following:

First Three Weeks

1. A diet of raw foods only except for a single baked potato served twice a week
   Breakfast—A single fruit, preferably melon.
   Luncheon—A simple vegetable salad with 3 T nuts or 1 medium avocado

   Dinner—Fruit—2 varieties.
2. Ten hours rest at night.
3. During the day: 2 hours prone in a darkened room, 1 hour either sitting up in bed or, later on, in a chair.
4. Passive exercise; i.e., arms and legs being moved by an assistant.
5. Passive massage: Assistant using the flat side of three fingers lightly massages the skin and especially of the back.

Second Three Weeks

1. Diet same as above.
2. Night rest same as above.
3. One hour prone in a darkened room, 2 hours up, either sitting reading in a chair or listening to music, or about the third week, walking out of doors. Sun bath every day.

Seventh Week

1. Diet continued.
2. Client began simple exercises and extended walking to about one block.
3. Daily sunbathing when possible.
4. Up all morning. Two-hour nap after lunch. Got ready for bed immediately after third meal of day, at about 7 p.m.

Before the tenth week had passed, this client was able to walk a mile with ease. Almost three years have passed during which time she has taken no medication and has not had a single angina attack. Her physician requested her to go over her diet with the hospital dietitian and stated that he would like to try it on some other patients. Her EKG and other signs continue to stand up well under examination. Mrs. R. D. is now in her late sixties and travelling all over the country! The past is a closed book. This recovery is remarkable in that it took place in a cold, largely hostile climate. It shows the tremendous healing powers present within even a badly-abused body and how, when given the tools, the body will accomplish almost the impossible, restoring to even the very sick the opportunity to enjoy many more productive years of healthful living.

Article #1: Inward Time by Alexis Carrel, M.D.

The declining years of maturity and senescence have little physiological value. They are almost empty of organic and mental changes. They have to be filled with artificial activities. The aging man should neither stop working nor retire. Inaction further impoverishes the content of time. Leisure is even more dangerous for the old than for the young. To those whose forces are declining, appropriate work should be given. But not rest. Neither should physiological processes be stimulated at this moment. It is preferable to hide their slowness under a number of psychological events. If our days are filled with mental and spiritual adventures, they glide much less rapidly. They may even recover the plenitude of those of youth.

... So far, human beings are classified according to their chronological age. Children of the same age are placed in the same class. The date of retirement is also determined by the age of the worker. It is known, however, that the true condition of an individual does not depend on his chronological age. In certain types of occupation, individuals should be grouped according to physiological age. Puberty has been used as a way of classifying children in some New York schools. But there are still no means of ascertaining at what time a man should be pensioned. Neither is there any general method of measuring the rate of the organic and mental decline of a given individual. However, physiological tests have been developed by which the condition of a flyer can be accurately estimated. Pilots are retired according to their physiological, and not their chronological, age.

Young and old people, although in the same region of space, live in different temporal worlds. We are inexorably separated by age from one another. A mother never succeeds in being a sister to her daughter. It is "impossible" for children to understand their parents, and still less their grandparents. Obviously, the individuals belonging to four successive generations are profoundly heterochronic. An old man and his great-grandson can be complete strangers.

From the concept of physiological time derive certain rules of our action on human beings. Organic and mental developments are not inexorable. They can be modified, in some measure, according to our will, because we are a movement, a succession of superposed patterns in the frame of our identity.

Although man is a closed world, his outside and inside frontiers are open to many physical, chemical, and psychological agents. And those agents are capable of modifying our tissues and our mind. The moment, the mode, and the rhythm of our interventions depend on the structure of physiological time. Our temporal dimension extends chiefly during childhood, when functional processes are most active.

Then, organs and mind are plastic. Their formation can effectively be aided. As organic events happen each day in great numbers, their growing mass can receive such shape as it seems proper to impress permanently upon the individual. The molding of the organism according to a selected pattern must take into account the nature of duration, the constitution of our temporal dimension. Our interventions have to be made in the cadence of inner time. Man is like a viscous liquid flowing into the physical continuum. He cannot instantaneously change his direction. We should not endeavor to modify his mental and structural form by rough procedures, as one shapes a statue of marble by blows of the hammer. Surgical operations alone produce in tissues sudden alterations. And recovery from the quick work of the knife is slow. No profound changes of the body as a whole can be obtained rapidly. Our action must blend with the physiological processes, substratum of inner time, by following their own rhythm.

... A child may be compared to a brook, which follows any change in its bed. The brook persists in its identity inspite of the diversity of its forms. It may become a lake or a torrent. Under the influence of environment, personality may spread and become very thin, or concentrate and acquire great strength. The growth of personality involves a constant trimming of our self. At the beginning of life, man is endowed with vast potentialities. He is limited in his development only by the extensible frontiers of his ancestral predispositions. But at each instant he has to make a choice. And each choice throws into nothingness one of his potentialities. He has of necessity to select one of the several roads open to the wanderings of his existence, to the exclusion of all others. Thus, he deprives himself of seeing the countries wherein he could have traveled along the other, roads. In our infancy we carry within ourselves numerous virtual beings, who die one by one. In our old age, we are surrounded by an escort of those we could have been, of all our aborted potentialities. Every man is a fluid that becomes solid, a treasure that grows poorer, a history in the making, a personality that is being created. And our progress, or our disintegration, depends on physical, chemical, and physiological factors, on viruses and bacteria, on psychological influences, and, finally, on our own will. We are constantly being made by our environment and by our self. And duration is the very material of organic and mental life, as it means "invention, creation of forms, continual elaboration of the absolutely new."

... There is a striking contrast between the durability of our body and the transitory character of its

elements. Man is composed of a soft, alterable matter, susceptible of disintegrating in a few hours. However, he lasts longer than if made of steel. Not only does he last, but he ceaselessly overcomes the difficulties and dangers of the outside world. He accommodates himself, much better than the other animals do, to the changing conditions of his environment. He persists in living, despite physical, economic, and social upheavals. Such endurance is due to a very particular mode of activity of his tissues and humors. The body seems to mold itself on events. Instead of wearing out, it changes. Our organs always improvise means of meeting every new situation. And these means are such that they tend to give us a maximum duration. The physiological processes, which are the substratum of inner time, always incline in the direction leading to the longest survival of the individual. This strange function, this watchful automatism, makes possible human existence with its specific character. It is called adaptation.

All physiological activities are endowed with the property of being adaptive. Adaptation, therefore, assumes innumerable forms. However, its aspects may be grouped into two categories, intraorganic and extraorganic. Intraorganic adaptation is responsible for the constancy of the organic medium and of the relations of tissues and humors. It determines the correlation of the organs. It brings about the automatic repair of tissues and the cure of diseases. Extraorganic adaptation adjusts the individual to the physical, psychological, and economic world. It allows him to survive in spite of the unfavorable conditions of his environment. Under these two aspects, the adaptive functions are at work during each instant of our whole life. They are the indispensable basis of our duration.

Whatever our sufferings, our joys, and the agitation of the world may be, our organs do not modify their inward rhythm to any great extent. The chemical exchanges of the cells and the humors continue imperturbably. The blood pulsates in the arteries and flows at an almost constant speed in the innumerable capillaries of the tissues. There is an impressive difference between the regularity of the phenomena taking place within our body and the extreme variability of our environment. Our organic states are very steady. But this stability is not equivalent to a condition of rest, or equilibrium. It is due, on the contrary, to the unceasing activity of the entire organism. To maintain the constancy of the blood's composition and the regularity of its circulation, an immense number of physiological processes are required. The tranquility of the tissues is assured by the converging efforts of all the functional systems. And the more irregular and violent our life, the greater are these efforts. For the brutality of our relations with the cosmic world must never trouble the peace of the cells and humors of our inner world.

As extracted from his major work, Man, the Unknown. Out of Print.

Article #2: Overnutrition—All About Protein by The Doctors McCarter

Epidemiological And Historical Evidence

In light of the continuing confusion existing not only among the public at large but also in many scientific circles with regard to the optimum amount of protein required to maintain superb health and especially because of the current media emphasis on our supposed need to eat a diet high in protein, it would appear of considerable importance to review some of the epidemiological and historical evidence that bears on this subject.

It would appear that such evidence is the only really solid evidence to be had: how have people responded for thousands of years to whatever dietary practices they, as a tribe or people, have constantly

pursued? It takes many generations to observe results that can be considered conclusive. Pottenger and his cohorts at Yale University demonstrated that it takes three to four generations to prove the validity or lack thereof, of a particular dietary regimen with cats. We must assume that the same would hold true with humans.

Throughout history, and in various parts of the world and in different climates and under diverse circumstances, millions and billions of people have lived exclusively on a simple vegetable protein dietary intake, rarely exceeding 30 to 35 grams per day. Some used animal flesh only occasionally, as on special feast days. Many have totally avoided all animal products, such as milk or eggs. In other words, they were vegans. Recorded history strongly suggests that they have as a rule, enjoyed far better health than the average meat-eating person or tribe of peoples.

Dr. Alan Walker of the Department of Cell Biology and Anatomy, The Johns Hopkins University School of Medicine, startled the scientific community when, in 1979, he announced that, according to extensive studies of fossil teeth performed by him and his associates, he had concluded that early man lived for millions of years on an exclusively fruit diet. (In a letter to your authors. Dr. Walker states that man was able to adapt successfully to progressive dietary changes. His paper on this research was, published in Great Britain.)

It has been shown by many researchers that dietary habits powerfully determine the particular lifestyle and character of peoples. Walker, for example, quotes from research originally reported by R.A. Dart in 1953 as follows with regard to *Australopithecus* (an early man):

"... carnivorous creatures, that seized living quarries by violence, battered them to death, tore apart their broken bodies, disembodied them limb from limb, slaking their ravenous thirst with the hot blood of victims and greedily devouring livid writhing flesh."

Many modern studies have showed the relationship between diet and hyperkinetic behavior and how chemicals added to food can relate to adverse neurotic tendencies. Other studies have related depression, inability to sleep, loss of memory, moods in general to dietary insufficiences or excesses of one kind or another. Dr. Brian Morgan, an assistant professor at Columbia University's Institute of Human Nutrition in New York City, is reported to have said that, "You can affect your mood and behavior by the kinds of foods that you eat." Natural Hygiene has long held this view as have your authors.

Crime and cancer are rampant across America and in other parts of the world and especially in those parts where heavy meat eating is the custom; whereas among the rural Chinese, East Indians and among certain native peoples of Latin America, these scourges are almost nonexistent. These latter peoples all consume low-protein diets. The Hunzas of the Himalayas, for example, are well known for their emphasis on indigenous fruits in their diet and for the fact that they eat little, if any, animal protein. This tribe is also noted for the longevity of its individual members and for their superb health. It must be noted, of course, that these people live largely out of doors, work hard at their agricultural pursuits, do not consume processed and chemicalized food—all of which contributes also to their well being. We hear that many modern "delights" are now finding their way into this area since the building of a road there. It should be interesting for future generations to observe the changes that may accrue in the health of these people.

Indians living at 13,000 feet in the Andes continue to eat their high natural carbohydrate, low-protein diets and continue to demonstrate amazing endurance and strength. The Tarahumara Indians of Mexico stick to a similar diet and are able to run 90 miles at seven miles per hour with no heart expansion or shortness of breath.

Perhaps we should contrast this ability with the condition of some marathon runners at the conclusion of a run of only 26 miles, runners considered by the press and the public at large to be in superb physical condition! Many collapse at the end of the run, some take weeks to recover.

The long-living and extremely healthy Georgians of Russia are living examples in our day of the correctness of a diet low in protein and high in carbohydrates. They are a hard-working, fun-loving, out-

going people, family-oriented, who live, on an average, beyond the century. Most rarely eat meat. Many do consume Koumiss, a kind of fermented milk.

This is the kind of evidence that cannot be ignored. This is the kind of superb health which is the result of eating practices followed by hundreds of generations and for thousands of years. This is the kind of health and longevity which is in direct contrast to what can be observed among the tribes who consume a high-protein diet: the Eskimos, Laplanders and Masai being prime examples.

Both the Eskimos and Laplanders are gross in development and more or less dull mentally. They rarely live beyond the age of forty-five years. The Masai grow to great heights, often in excess of seven and even eight feet, but their life span is short. They live, on an average, to about the age of twenty-five years. The Masai are a tribe living in Africa. They are a sub-grouping of the Sudanese.

The Eskimos consume much fat and eat whale and other raw sea animals. At certain times of the year they subsist on native plants of the far north. The Laplanders are reindeer-eaters, for the most part, while the Masai consume mare's milk and drain the blood from animals for sustenance. The Laplanders live beyond the Arctic Circle where vegetation is sparse. Those who live in coastal areas do have occasional access to fish. Gross of body and shortlived they offer mute testimony to the long-term effects of their diet.

It is interesting to note that, for the most part, these meat-eating tribes maintain a high level of health during their short lives probably due to the fact that their lifestyle is basically correct: they live out of doors, the stresses of civilization are practically nonexistent, they are very supportive of one another, they do not have access to foodless foods and are not exposed to other factors known to be destructive of health.

The average person in America today probably consumes two to four times as much protein as he requires for optimum living with many consuming six to eight times as much. This latter figure would apply, in many instances, to executives on the "party-entertainment circuit," those who make a practice of consuming sixteen-ounce steak and lobster dinners and favor steak and egg breakfasts. (We recently heard about a restaurant that features steaks in excess of 40 ounces!)

It is the considered opinion of your authors that the nausea experienced so often by astronauts in space is due not only to the stress of the occasion but also to the emphasis placed on animal protein in their diets. They would be far better served to eat little or nothing prior to lift-off or to eat a meal high in carbohydrates, and especially if they ate a well-combined and properly constructed meal consisting of fresh ripe fruit plus, perhaps, some lettuce and celery. It has long been known that emotional stress can stop the digestive process for hours during which time all undigested foodstuffs ferment and putrefy giving rise to nausea, diarrhea and other uncomfortable gastric and related disorders such as headaches, insomnia, as well as others. A meal such as we suggest would be largely pre-digested and pose no such problems. Additionally, it would tend to conserve body energy for the exacting tasks at hand. It would tend to "burn clean" and not add clutter to body channels.

A physiologically-correct dietary program such as we suggest would provide ample energy for performance, would conserve body resources, increase mental alertness and permit normal metabolism. It would not occasion the four adverse responses of a high-protein intake, nor would it waste energy resources—energy wasted during the required prolonged digestion and in combatting the fermentation and putrefaction forthcoming when poorly chosen and incorrect foods are eaten at any time, and most particularly, when they are eaten at times of great stress.

Article #3: Health

Extracted from The New American Encyclopedia published by Books, Inc. Copyright 1938, 1939. We include this extract for the purpose of showing our students that the requirements of the good life are both simple and well known. All that is lacking is the doing!

Health is the state in which the body functions normally. This condition finds the body free from disease, with all organs and component parts of its structure performing their functions properly and in correct balance.

Health is a normal and relatively constant state in wild animals, this condition prevailing from their heeding of instinctive guidance, and from the free operation of nature's laws of survival of the fittest which inexorably eliminates the weak.

Man's instinctive apparatus has become dulled by the exercise of his reasoning powers and by habits of civilization which lead him to rely upon others for guidance. Health to him represents a relative condition, in which he seldom enjoys a state of perfection.

With the development of medicine and surgery the weak are preserved, resulting in inherited defects or weaknesses. Hence a constantly increasing need for (1) Development of scientific treatment of disorders; (2) Understanding by man himself of the warnings and subsequent treatment of his ills.

It is an impressive fact that most ailments in persons can be, in part, prevented by properly regulating diet, by avoiding overindulgence in food and alcoholic beverages, by controlling the weight within normal limits, by taking mild physical exercise and leading a normal mental existence, free from excessive nervous strain or emotional disturbances.

Our modern mode of living has much to do with involving us in what is known in medicine as a vicious cycle. At the age of thirty or so, a young person becomes deeply engrossed in his career. Exercise is soon curtailed, but since the nervous system craves some form of amusement and diversion, the pleasures of the table and the soothing action of tobacco or the stimulating influence of alcoholic beverages are substituted. In consequence, the weight increases, the appetite enlarges, and there is further disinclination to physical exercise, a deeper absorption in the business of and readier yielding to the temptations of food, tobacco, and wine; and so, endlessly, he whirls tighter with each revolution. As a result, at the age of fifty or sixty, he is likely to find himself the possessor of a fortune, a large abdomen, a bad heart, and a pair of damaged kidneys.

From the standpoint of health the chief enemy of young people is tuberculosis; of the middle-aged, personal neglect. The middle age diseases such as chronic heart disease, high blood pressure, kidney disease, are painless, and their onset usually gradual and insidious. If one relies upon some signal from within to be warned of the impending danger, however, there is a risk of these conditions developing to the extent of causing irreparable damage before their presence is known. Good heredity and robust, constitutions are no guarantee of long life. The desire not to know if anything is wrong is cowardly and stupid.

The secret of good health is moderation in all things—in eating, work, mental effort, ambition, play, and exercise. The life of moderation is the simple life and, therefore, the healthy, long, and a happy one. Those who prefer speed and profess a contempt for the consequences, always change their views when, too late, nature demands payment.

After the age of 50, the thinner an individual is, the better is his chance of reaching old age, provided he does not have a tendency to develop tuberculosis or has not suffered from tuberculosis in earlier years, and provided, too, his light weight is not due to some organic disease.

You have no doubt been repeatedly told that persons who weigh too much past the age of 35, have poor

prospects of attaining old age. Their particular enemy is heart disease. Statistics have abundantly demonstrated the truth of this statement. This does not mean that a very fat person cannot live to age 90 or even 100, but his chances of doing so are small.

Overweight is usually due to overeating, although stout persons nearly always insist that they are very sparce eaters; but, they measure the amount of food that they eat by their appetities, and the appetite is a very flexible measuring rod, capable of being enormously stretched by hungry persons. With very few exceptions, any person who is too heavy can reduce if he will make an effort to do so. The effort is worthwhile. At the age of 50, for instance, every pound of weight in excess increases a man's likelihood of dying during the ensuing year by about one percent. In other words, if a man 50 years old weighs 50 pounds in excess of the standard figures, the likelihood of his dying is constantly 50 times greater than that of a man 50 years old who is of normal weight. (Hygienists generally hold that the standard figures are too high, possibly to the extent of 15 or more pounds.—The Authors).

In order to effect weight reduction intelligently, an elementary knowledge of food and food values is necessary. With regard to protein, this Encylcopedia comments, "The average person uses too much protein. If protein is taken to excess, the body is unable to split up this food completely into harmless end products; instead, certain irritating substances are produced which have a harmful action on vital organs of the body, particularly the kidneys." With regard to fats, "Fat is the most difficult food for the body to digest and consume. The energy of fat is released slowly and those who eat fats excessively become sluggish mentally and physically."

"If your work demands much physical effort, such as that of a laborer or farmer, this is not necessary except when you are not working. But the man doing office work must do some physical work daily to insure good health. Past the age of 40 the best exercise is walking. Five miles a day is not too much, provided you start out by walking a mile the first week and increasing it a mile a week until you are doing the five miles. Golf playing is good, not once a week, but daily. In the summertime, an hour or two in the garden, hoeing, etc., may be substituted for walking. Do not attempt the more strenuous exercises after the age of 40, and remember that outdoor exercise is better than indoor."

Article #4: Why Exercise?

"Why exercise?" We all want to keep the vigor of youth. Exercise is a means to that end, but we must exercise regularly to get the full benefits. Before the dawn of civilization mankind was not troubled by the need for exercise. Our forefathers, in the dim ages long passed, had to exercise to *live*—to get their food, to fight off enemies. Today we no longer depend on hunting and fishing for our food. Large numbers of us sit at desks or tend machines. We ride in automobiles, trains, elevators. The enemies of. primitive life do not bother us. And the result is that most of us do not get the amount and variety of physical activity which the human body needs.

The suppleness of limb and the untiring vigor developed in the play and sports of childhood soon tend to pass with advancing years. Our daily work often requires little or no muscular activity—or, perhaps, the use of only a limited number of muscles. And so we must make up for this lack in our off-work hours. We must deliberately choose to exercise if we would enjoy its benefits. As we grow older it becomes all too easy to take us little exercise as possible, despite the fact that this is the time when a certain amount of exercise is very much needed. It is needed to keep the heart and lungs in prime condition—to keep the circulation active—to improve digestion and elimination—to preserve a healthful and attractive posture. In short, it helps to insure proper functioning of the whole body—to keep us full of vigor and feeling

fit."

Dr. Robert's Daily Exercises

1. Twisting. Hands on hips. Turn to the right, then to the left. Up to 100 times.
2. Dr. Tilden's face and neck exercises
   Turn head first to right, then to left. 10 times each.
   Move head backwards as far as it will comfortably go. Return to chest. 10 times.
   Move head to right shoulder, then to left shoulder. 10 times.
3. Rotate shoulders, first in one direction, then in opposite direction. 20 times.
4. Raise shoulders to ear level. 10 times.
5. Extend arms forward to horizontal position. Rotate hands as rapidly as possible until reasonably tired. Extend arms to full vertical position and repeat same exercise
   Extend arms to horizontal position to side and repeat same exercise.
6. Shadow box for two to three minutes.
7. Rotate arms in full circle simultaneously crossing the chest. 25 times
   Using dumbbells (start with 5 pounders and increase poundage as soon as ten Reps are comfortably achieved):
   Bend over at waist. Dumbbells in hand, bend arms at elbow. 10 reps

   In standing position. Repeat.
8. Using both dumbbells elevate to overhead position and return to shoulder. 10 reps
   Extend dumbbells out to side from hip position to shoulder position. 10 Reps

   Shadow box with 10 pounders.
9. Windmill. Touch right toe with left hand, then left toe with right hand. 20 Reps.
10. Deep knee bends. 20 Reps.
11. Ride bicycle. 25 times. In bicycle position, 10 bending of knees and push up to extended vertical position. 25 times.
12. Aerobic dancing. Tap dancing to music. 5 to 10 minutes.
13. Running in place. 10 minutes.
14. Walking as time permits.

On January 1, 1984, Dr. Robert will be 83 years young. In addition to the physical activity, he spends 10 to 12 hours actively engaged in research, writing, and operating Bionomics Health Research Institute.